and 8.6). 20 graft biopsies were performed demonstrating; rejection (n=10), TAC toxicity (n=7), disease recurrence (n=2) and vascular occlusion (n=1). Mean (SD) day 0 TAC levels in these groups were 9.6 (+/- 4.3), 11.6 (+/- 7.2), 17.0 (+/- 16) and 11.6 respectively. Appropriate statistical comparisons were made between groups.
Conclusions: Therapeutic TAC levels were achieved with a pre-operative loading regimen in the majority of patients, even those who developed rejection, DGF and TAC toxicity. Further analysis and comparison with non preloaded patients is necessary to determine the efficacy of this treatment.

0863: USE OF AORTIC ALLOGRAFT IN RETROHEPATIC INFERIOR VENA CAVA RECONSTRUCTION: A CASE SERIES

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Aims: Reconstruction or replacement of the inferior vena cava (IVC) may be necessary to treat IVC obstruction e.g. post-liver transplantation, or to enable tumour excision. Previous techniques have involved using synthetic or natural venous material. The optimal choice of material is unclear. We aim to assess the feasibility of using aortic allograft for IVC reconstruction.
Methods: Cases in which fresh or cryopreserved aortic allograft were used to reconstruct the retrohepatic IVC were recorded and followed up retrospectively.
Results: Since 2007 six patients have undergone reconstruction of the retrohepatic IVC with fresh or cryopreserved aortic allograft. The surgical procedure was successful in all cases, however one patient died 6 weeks post-operatively from a complication of chest drain insertion and one died 10 weeks post-operatively from tumour recurrence.
Conclusions: To our knowledge, our group is the first to be using aortic allograft for the IVC reconstruction. Aortic allograft offers a promising alternative to previous techniques: a better size match; decreased infection and thrombosis rate compared to synthetic graft; decreased stenosis and aneurysm formation compared to cryopreserved venous graft. We therefore recommend that in planned procedures, cryopreserved (or fresh ABO-matched) aortic allograft represents the optimal choice of graft material for IVC reconstruction.

0894: CAN REGISTRAR TRAINEES PERFORM VASCULAR ACCESS SURGERY EFFECTIVELY?

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In some centres, vascular access surgery is performed exclusively by transplant surgeons. With vascular training program reconfiguration, discussions concerning how vascular trainees can become skilled in fistula formation continue.
Aim: To compare early patency rates for fistula surgery performed by trainees and consultants.
Method: Data was collected prospectively between October 2010 and 2011 on 241 fistulas performed in a single UK centre. All access surgery is performed by transplant surgeons who supervise registrar trainees. Complete data was available for 197 fistulas and these were analysed (78 radiocephalic, 104 brachiocephalic, 15 brachiobasilic). Early patency rate was defined as palpable thrill and audible bruit at 6cm from the anastomosis at 2 weeks. We compared patency rates when the first surgeon was a trainee or consultant. Chi-squared calculations were performed for statistical significance.
Results: Early patency rate for surgery performed by registrars was 72% and for consultants 81%. This was not significant (p=0.224). Subanalysis according to fistula type revealed no significant difference (radiocephalic p =0.155, brachiocephalic p=0.729, brachiobasilic p=0.360).
Conclusion: A mix of registrar grades achieved patency rates comparable with consultants. We conclude that vascular access surgery is effective when performed by trainees and provides useful skills transferable to other areas of surgery.

1112: STATIC COLD STORAGE VERSUS HYPOTHERMIC MACHINE PERFUSION FOR PRESERVATION OF MARGINAL RENAL ALLOGRAFTS; A REAL TIME COMPARISON USING RAPID SAMPLING MICRODIALYSIS (RSMD)

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Aim: Static cold storage (SCS) and hypothermic machine perfusion (HMP) are two techniques used to reduce ischaemic injury sustained by renal allografts during the preservation period. We aimed to assess the feasibility of using our novel, clinically validated, rapid sampling microdialysis (rsMD) system in the organ preservation setting, and use it to compare the effects of each technique on tissue metabolism and ischaemia in real time.
Method: 12 porcine kidneys were retrieved, subjected to 15 minutes of warm ischaemia and placed upon clinical models of SCS (n=6) or HMP (n=6) for 24 or 10 hours respectively. A microdialysis catheter was tunnelled into the renal cortex and connected to the rsMD analyser, producing lactate concentrations every 60 seconds.
Results: HMP Kidneys displayed excellent perfusion parameters and the analyser reliably detected quantifiable concentrations of lactate in all experiments. Initial lactate concentrations were significantly higher in kidneys preserved using SCS.
Conclusions: This is the first study confirm the feasibility of rsMD for monitoring the effects of SCS and HMP on renal metabolism and ischaemia in real time. The different cortical lactate profiles in the two groups suggest HMP is superior to SCS at attenuating injury accumulated during procurement and warm ischaemia.

TRAUMA/EMERGENCY SURGERY

0008: A SYSTEMATIC REVIEW OF TREATMENT OF ACROMICLAVICULAR JOINT (ACJ) INJURIES

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Hypothesis: There is not enough evidence in the literature to support either surgery or conservative treatment in the management of acute grade III ACJ injuries. This systematic review aims to establish an evidence base for effective treatment of grade III ACJ injuries.
Eligibility Criteria: A review of all articles published on PubMed in English language in relation to the treatment of ACJ injuries was done. All systematic reviews, meta-analyses and randomised controlled trials (RCTs) were critically reviewed and analysed.
Results of search: There were eleven studies which include a Meta-analysis, 3 Systematic reviews, a Literature review and 6 RCTs. Five of these studies recommended non-operative treatment as the best form of management for acute ACJ dislocations, among which only one clearly recommended non-operative treatment for acute **grade III ACJ dislocation**. The remaining six studies did not find any statistical significance between operative and non-operative treatment of acute ACJ dislocations (at least Rockwood grade III) in terms of functional outcomes and patient satisfaction. None of the studies reviewed recommended surgery as the best overall form of treatment for acute ACJ dislocations grade III-VI.
Conclusion: There is no adequate literature to support the recommendation of operative management for acute grade III ACJ dislocations.

0170: THE TRAUMA OF SURGICAL TRAINING. AN AUDIT OF TRAUMA EXPOSURE & THE IMPACT OF ATLS ON CORE SURGICAL TRAINEES IN THE NORTHERN DEANERY

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Introduction: Successful completion of Advanced Trauma Life Support (ATLS®) is an essential person specification for entry into Speciality Training in General Surgery.
Aim: To establish the trauma exposure Northern Deanery core surgical trainees (CST) experience, and the impact of completing ATLS on both experience and confidence in handling trauma scenarios.
Methods: A survey of all CST in the Northern Deanery, establishing their experience in the trauma skills taught during ATLS, and the impact of completing ATLS on their procedural experience, and confidence in handling trauma.
Results: 39 questionnaires were completed reflecting 426 months of CST. Prior to ATLS 6 (15%) trainees had inserted a central line, 6 (15%) a chest